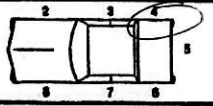
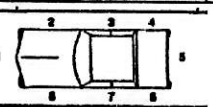


## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO <b>16-987</b>		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		<b>Lebanon Police</b>		<b>0830300</b>		ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO	
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED				
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>				DATE OF CRASH <b>1/18/16</b>		DAY <b>Sunday</b>	TIME MILITARY <b>2158</b>		
CRASH OCCURRED ON <b>Knight's Inn</b>				WITHIN THE INTERSECTION OF <b>725 E. Main St. Lebanon OH 45036</b>									
IF NOT IN INTERSECTION ____ MILES <b>250</b> FEET W <b>⑤</b> N E OF <b>E. Main St.</b>				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)				CITY CODE <b>8303</b>					
LOG-1	LOG-2	LOC		JUR	FH9	FILT							
A	UNIT NO. <b>1</b>	NO OF OCCUPANTS <b>2</b>	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT <b>Biz CHOICE</b>					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Harris, Zachary Matthew</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>503 16th Ave. Middletown OH 45044</b>									
PHONE NO <b>(513) 906-0631</b>		BIRTH DATE <b>m4/15/94</b>	AGE <b>24</b>	SEX <b>M</b>	SOCIAL SECURITY NO _____		STATE <b>OH</b>	DRIVER'S LICENSE NO <b>TR505730</b>		OCCUPATION <b>NA</b>			
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>EAN Holdings LLC</b>				ADDRESS <b>3700 Park 42 Dr. Cincinnati OH 45241</b>				PHONE <b>NA</b>					
VEH YR <b>2016</b>	MAKE <b>Intl.</b>	MODEL <b>Box / Truck</b>	COLOR <b>White</b>	STYLE <b>Box</b>	STATE <b>OH</b>	LICENSE PLATE NO <b>PHH8249</b>	TOWING SERVICE <b>NA</b>	VEH PED DIR FROM <b>STON</b> TO					
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
8	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO OR AGENT					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)									
PHONE NO		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO		STATE	DRIVER'S LICENSE NO		OCCUPATION			
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE					
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO	TOWING SERVICE	VEH PED DIR FROM TO					
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE	AGE	POSITION			INJURIES			
		ADDRESS			m   D   y		SEX	A	B	C	D	E	F
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE	AGE	POSITION			INJURIES			
		ADDRESS			m   D   y		SEX	A	B	C	D	E	F
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE	AGE	POSITION			INJURIES			
		ADDRESS			m   D   y		SEX	A	B	C	D	E	F
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE	AGE	POSITION			INJURIES			
		ADDRESS			m   D   y		SEX	A	B	C	D	E	F
A		B	C	INJURED TAKEN TO		By		RESTRAINTS			ALCOHOL		
D		E	F	INJURED TAKEN TO		By		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED			A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED		
A		OFFENSE CHARGED AND DESCRIPTION <input type="checkbox"/> ORC CITY ORD						EJECTION			DRUGS		
D		OFFENSE CHARGED AND DESCRIPTION <input type="checkbox"/> ORC CITY ORD						A B C D E F			A TESTED YES NO B TESTED YES NO		
RECEIVED CALL		DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILICIT DRUG		
DATE REPORT FILED		PHOTOS	OFFICER'S NAME		BADGE NO	CHECKED BY							
M 1 D 18 Y 16		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Nate Trout		129								